

HB 5389

I fully authorize all of the contents of this letter And the Additional information provided with it (in the form of articles) To be Submitted as formal testimony For the public hearing on 3/7/12 And any other hearing after that For infinity regarding the following matters.

B. C 3/2/12

Dear Lawmakers,

When I heard a democrat was elected as our governor I was absolutely elated, I prayed to the lord that we would finally have a democrat as our governor, it happened, thank god and congratulations. To me, democrats are much more in touch with the middle class then republicans. At this moment where you are preparing a plan to tackle the budget deficit, please consider medicalizing marijuana in some shape or form, as Governor Dannell Malloy indicated in the Hartford Advocate that would be something he would support. And coming from the "city" I'm sure he's familiar with the irrationality of ruining honest people's lives over personal marijuana possession, and the massive costs to enforce these archaic ideals through incarceration and otherwise. Treating ill people like this is more than wrong. Instead of paying money to incarcerate people and cause further problems in society, wouldn't it make sense to make money off of medical marijuana licensing, etc?, and make money for the state?? Along with freeing up space in jail. Massachusetts has been considering this policy for over a year, or outright legalizing it, and has Massachusetts run into more problems by decriminalizing marijuana in 2008? Has Massachusetts turned into "drug heaven"?, a dirty dangerous "slum" plagued state? Do people feel scared to travel into Massachusetts after weed was decriminalized? In fact Massachusetts has been looking at legalizing marijuana for a while. Connecticut would not turn into "drug land" or some "slum". Massachusetts is still as beautiful of a state as it always was, and to be honest, with these ridiculous laws, I'd like to move to Massachusetts, and im sure many other people feel the same way. I also realize after taking a "Drugs and Society" class that investigating and incarcerating people for marijuana is a "business", government doesn't want to see marijuana decriminalized or medicalized because there will be less investigations into the matter, and employees in the corrections system fear losing their jobs. That is a disgusting, selfish fact, that people fear losing their jobs if marijuana was decriminalized/medicalized. In Governor Malloy's inaugural speech he said we need to reduce state government. Alcohol prohibition didn't work and failed miserably, and neither has the war on weed, \*making weed illegal\* has cost more lives from violence/anger/control (people who are given a record become hardened and don't care anymore), while the substance itself when used by itself has not been known to cause any deaths from overdose or other dangerous health issues (unlike Alcohol and cigarettes or even caffeine can cause fatal overdose), in fact I know first-hand, marijuana holds very beneficial medical properties (contradictory to its scheduling as a class 1 drug because of the DEA's strong-arming and intimidation), it's no wonder to me that pharmaceutical companies want to make marijuana based/derived medicines, and already have (Marinol). Are pharmaceutical companies interested in an alcohol or tobacco based medicine?? Sounds like an implausible concept.... And I know it does, with good reason. \*\*The simple truth is, when you tell people they can't do something, they want to even more-so\*\*, and where we are at with the war on weed is a vicious, violent, destructive, costly, and irrational cycle (over such a benign substance which in reality is medically BENEFICIAL). I'm not sure why people want to do something more-so when they're told they can't, but it could have to do with the fact that this is America which is supposed to be a free country, and good (criminal record free) people like me don't want to be told what they can do in their spare time, which interferes in no shape or form with other people's lives whatsoever, especially when we have a medical need for it.. I obviously

don't condone D.U.I. whatsoever. I'm talking about *\*strictly personal\** activity on private property. I grew up with two alcoholic parents and my whole life I remember nothing but arguing, verbal abuse, physical abuse, & other highly irrational & aggressive alcohol fueled behavior.. The pain and memories of these experiences are unexplainable, unforgettable and occur everywhere, everyday because of alcohol, which is lethally accepted to be legal. My father assaulted me and went to jail because he was drunk, my parents divorced. Lives ruined forever because of a *\*legal\** physically AND mentally addicting substance which kills countless people and shatters lives. While on the other hand, ingesting marijuana does not cause these kinds of hostile, judgment impaired, violent, irrational, addictive, and highly dangerous behaviors. What's the worst thing that occurs when someone ingests marijuana and tries to interact with other people?.. They don't talk much, they're not as active, they don't want to look you in the eyes, and are relaxed and peaceful. Someone who just smoked weed sure as heck isn't going to turn belligerent, abusive, dangerous, irrational, and wreck less, as a drunk would.. If anything they are slumped on their couch. I'm a college student, I have NO CRIMINAL RECORD WHATSOEVER, and have too much of a promising future to be labeled with one. I live an honest, respectful, hardworking, Christian, peaceful life, as do many other marijuana smokers who are wrongfully perceived as criminals. I suffer from diagnosed third stage *\*chronic\** Lyme disease (which was first introduced into this state... Plum Island??), have arthritis in my neck/10-15% disability in my neck.. At a young age, and I CANNOT function comfortably without smoking. Lyme disease for me has caused joint pain, joint popping, stiffness, VERY FREQUENT vomiting (it is a very serious illness), and muscle spasms among other symptoms I could go on and on about. If I don't smoke marijuana, I can't eat ANY food without vomiting it back up (marijuana shuts off the gag reflex and stimulates appetite in the ill), If I don't smoke I'm very much in pain and uncomfortable, and have to deal with obvious muscle spasms, also ironically known as "ticks". In the fall of 2010 I was examined by a forensic psychologist to determine if I had any kind of brain damage after being the recipient of my 6th accidental concussion, I told the doctor before all the testing began that in the past I had smoked weed every day. After hours of testing and days of waiting for the doctor's final lengthy report, I sat down with him and he told me I showed no signs of brain damage from my concussions at all. I then asked him if smoking marijuana has affected my brain function (learning, etc) in any way whatsoever, and he quickly replied "NO it has not." and also remarked on my intelligence, potential, and future with both my musical skills, and my computer sciences education. The outlook on marijuana needs to change in this rich snooty acting state, there are much more benefits to this substance, and medicalizing it is only right because it does show "medicinal benefit" as **16 other states (NJ, VT, RI, NH, ME, ETC) have realized and recognized including Washington D.C.** Meanwhile irrationally, people are constantly dying, and having their lives ruined because of alcohol and/or tobacco. I'll even bring caffeine into the picture again, if I drink too much caffeine it can cause shaking and heart problems, or even death.. If you drink caffeine quite regularly and then abruptly stop that routine.. you suffer from severe painful *\*withdrawal\** symptoms as you would with a heavy narcotic. Does marijuana do that? Absolutely not. These are facts that everyone realizes and if people have an interest in marijuana they're not going to be told ignorantly what to do in their spare time, especially when a shot of Espresso is worse. We need rationality, compassion, logic, to stop wasting money on enforcement of this, and by the governors words in the Advocate and him coming from Stamford I do believe he understands what I'm saying. Martin Looney came close with his efforts two years ago, and we also came extremely close to medicalizing marijuana last year but the session

ran out.. Banning this from ill people is costing too much financially, and is hurting society far more than if it was medicalized and regulated. **Right now it's like the wild west/alcohol prohibition**, things are in the hands of gangs, and hardened individuals bitter over such unjust, invasive laws... ALL OF US are in a more dangerous position than if weed was decriminalized and medicalized. The vicious cycle needs to stop. It costs too much to society in every conceivable aspect. It just doesn't make sense to continue on like this. Budget deficit or not. Every state around us has recognized this. If both of your parents were alcoholics who ruined your life with alcohol fueled craziness, would you want to pick up a bottle..... or a joint, given the two?? I will not be my parents, and I will not have my government tell me it is ok and better to be more like my parents, instead of smoking a green vegetable which helps me have a quality life. Everyone relaxes at the end of the day, whether it be by reading a book, smoking a cigar, having a few drinks, or smoking a joint. I haven't heard any news stories referring to the latter in Massachusetts or elsewhere where that's been decriminalized. Please deeply reflect on this letter, we need to stop ruining honest and innocent lives, make this state safer, and help this budget deficit instead of making it worse because of archaic un-American ideals. I'm all for getting cocaine, heroin, LSD, and other synthetic/processed/dangerous drugs off the street, I have never tried any of these drugs (god is my witness) and I and many others have the self-control not to put themselves into the path of inescapable addiction, therefore with certainty, the concept of marijuana being a gateway "drug" really is not true, that concept is something created and bred in our schools, society and policies. When a cup of dunkin donuts has the potential to cause more problems than ingesting a green vegetable, I don't feel like this is America. As I said, I'm very ill, and this is all I have to provide me relief, and to be able to ingest food, at this time. Do I sound like someone who belongs in jail for a personal choice that doesn't affect others whatsoever? I would like to also add that I have been diagnosed (by more than one doctor) with Posttraumatic stress disorder as well for many years now, and I have had many people concerned, ask me flat out why I haven't killed myself, and they wonder how I continue to function as a productive member of society. I firmly believe a massive reason I haven't done harm to myself or anyone else is because of marijuana's beneficial medical properties and I tell these people this, and like I've said, I've never moved onto harder 'drugs'. Just the massively and horribly addictive benzodiazepines my Dr. gave me. Quick benzodiazepine withdrawal carries an extremely high probability of death, while on the other hand, believe it or not, quick heroin withdrawal will never cause death, just sickness. I was doped out on benzodiazepines and highly addicted from my doctor for years with no motivation and no mental clarity, a year felt like a week, my life was being doped away, and as I weaned myself off and used marijuana I noticed a massive difference in mental clarity and massively improved motivation. The more the DEA, Big Pharma, and the alcohol industry fight these efforts, the more obvious my points, concepts, and facts become. There are many more people like me, and who feel the same way about what's illegal and what's legal, it doesn't make sense whatsoever, and this policy ruins innocent lives, and puts innocent people in danger... In Conclusion I'd like to say Congratulations, and right now I'm thrilled you were elected. Thanks for your time, and I'm praying deeply for your compassion, understanding, and reflection on this matter (how it can help our state), and my letter. Best wishes..

Sincerely,

Brian C.

B. C. Bin C 3/2/12

P.S. <http://www.mapinc.org/newsnorml/v10/n1054/a01.html> ~Journal-Inquirer 12/22/10 The writer is a retired Manchester police captain and a speaker for Law Enforcement Against Prohibition.

I fully authorize all of the above contents of this letter to be submitted as testimony, And distributed for the public hearing on 3/7/12 And ANY OTHER HEARING AFTER THAT, FOR INFINITY pertaining to the above matters.

Bin C 3/2/14

## YAHOO! NEWS

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B.C.**Deadly Alcohol Needs Global Regulation, Health Expert Says**

By Christopher Wanjek | LiveScience.com – Wed, Feb 15, 2012

When considering the world's worst killers, alcohol likely doesn't come to mind. Yet alcohol kills more than 2.5 million people annually, more than AIDS, malaria or tuberculosis.

For middle-income people, who constitute half the world's population, alcohol is the top health risk factor, greater than obesity, inactivity and even tobacco.

The World Health Organization has meticulously documented the extent of alcohol abuse in recent years and has published solid recommendations on how to reduce alcohol-related deaths, but this doesn't go far enough, according to Devi Sridhar, a health-policy expert at the University of Cambridge.

In a commentary appearing today (Feb. 15) in the journal *Nature*, Sridhar argues that the WHO should regulate alcohol at the global level, enforcing such regulations as a minimum drinking age, zero-tolerance drunken driving, and bans on unlimited drink specials. Abiding by the regulations would be mandatory for the WHO's 194 member states.

Far from prohibition, the WHO regulations would force nations to strengthen weak drinking laws and better enforce laws already in place, Sridhar says.

**Approaching a bottle a day**

Alcohol consumption is measured in terms of pure ethyl alcohol to compensate for the varying strengths of beer, wine and spirits. A liter bottle of wine with 10 percent alcohol, for example, would be only 0.1 liter of pure alcohol. According to the WHO, Americans each drink 9.4 liters of ethyl alcohol per year on average. That's equivalent to 94 bottles of the aforementioned wine. [See list of top 20 booze-consuming countries]

As high as that might sound, Americans don't even crack the top 50 on the world charts. Europe, in particular Eastern Europe, dominates the drinking scene. Moldova has the top drinkers, downing 18.4 liters of alcohol per capita yearly. That's equivalent to 184 1-liter bottles of wine, or nearly four bottles a week per person. The legal drinking age in Moldova is 16, and there are few restrictions on when or where alcohol can be sold.

The price of such alcohol abuse is early death. One in five men in the Russian Federation and neighboring European countries dies as a result of alcohol, according to WHO data. Alcohol abuse is associated with cardiovascular diseases, cirrhosis of the liver, various cancers, violence and vehicle accidents. Alcoholic adults have difficulty working and supporting their families, too.

**Sobering recommendations**

Sridhar argues that the WHO is unique among health organizations in that it can create legally binding conventions. The WHO has done this only twice in its 64-year history: the International Health Regulations, which require countries to report certain disease outbreaks and public-health events; and the Framework Convention on Tobacco Control, which commits governments to making legislative moves to reduce the demand for, and the supply of, tobacco.

No other entity can attack the global problem of alcohol abuse, she said. When it comes to alcohol, though, the WHO has settled on merely recommendations, such as those outlined in the 2010 WHO Global Strategy to Reduce Harmful Use of Alcohol.

"Countries are aware of the problem, but several haven't made a real commitment to implementing the recommendations," Sridhar told LiveScience. "The problem is not with ministries of health but with ministries of finance, trade, etc. who prioritize other interests first."

In her *Nature* commentary, Sridhar said that the existing WHO recommendations could serve as the framework for a new international convention on alcohol regulation. Yet even the United States would struggle to meet several of the 10 recommended target areas, which

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include advertising restrictions, price hikes and tougher laws against drunken driving.

"Ministries of health would have a stronger domestic negotiating position in prioritizing alcohol regulation above economic concerns," with the WHO muscle behind them, she wrote.

Alas, football ads might never be the same.

*Christopher Wanjek is the author of the books "Bad Medicine" and "Food At Work." His column, Bad Medicine, appears regularly on LiveScience.*

- 10 Easy Paths to Self Destruction
- Raise Your Glass: 10 Intoxicating Beer Facts
- Never Too Late: 5 Bad Habits You Should Still Quit

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## Breaking News: Medicinal Cannabis Laws Have No Discernable Adverse Impact On Adolescents' Pot Use

by Paul Armentano, NORML Deputy Director

February 8, 2012

[Editor's note: This post is excerpted from this week's forthcoming NORML weekly media advisory. To have NORML's news alerts and legislative advisories delivered straight to your in-box, sign up here.]

The enactment of state laws allowing for the limited legal use of cannabis by qualified patients has little to no causal effect on broader marijuana use, according to data published online in the journal *Annals of Epidemiology*.

Investigators at McGill University in Montreal obtained state-level estimates of marijuana use from the 2002 through 2009 US National Survey on Drug Use and Health. Researchers used difference-in-differences regression models to estimate the causal effect of medical cannabis laws on marijuana use, and simulations to account for measurement error.

Authors reported: "Difference-in-differences estimates suggested that passing MMLs (medical marijuana laws) decreased past-month use among adolescents ... and had no discernible effect on the perceived riskiness of monthly use. ... [These] estimates suggest that reported adolescent marijuana use may actually decrease following the passing of medical marijuana laws."

They concluded, "We find limited evidence of causal effects of medical marijuana laws on measures of reported marijuana use."

Previous investigations by researcher teams at Brown University in 2011 and Texas A&M in 2007 made similar determinations, concluding, "[C]onsistent with other studies of the liberalization of cannabis laws, medical cannabis laws do not appear to increase use of the drug."

The findings are in direct conflict with public statements made by Drug Czar Gil Kerlikowske, who in recent years has frequently alleged that the passage of medical cannabis laws is directly responsible for higher levels of self-reported marijuana consumption among US teenagers.

Full text of the study, "Do Medical Marijuana Laws Increase Marijuana Use? Replication Study and Extension," can be read online here.

<http://blog.norml.org/2012/02/08/breaking-news-medicinal-cannabis-laws-have-no-discernable-affect-on-adolescents-pot-use/>

## Study: Passage Of Medical Marijuana Laws Correlated With Fewer Suicides

by Paul Armentano, NORML Deputy Director

February 21, 2012

[Editor's note: This post is excerpted from this week's forthcoming NORML weekly media advisory. To have NORML's news alerts and legislative advisories delivered straight to your in-box, sign up here.]

The enactment of statewide laws allowing for the limited use of cannabis therapeutically is associated with reduced instances of suicide, according to a discussion paper published recently by the Institute for the Study of Labor in Bonn, Germany.

Researchers at Montana State University, the University of Colorado, and San Diego State University assessed rates of suicide in the years before and after the passage of statewide medical marijuana laws.

Authors found, "The total suicide rate falls smoothly during the pre-legalization period in both MML (medical marijuana law) and non-MML states. However, beginning in year zero, the trends diverge: the suicide rate in MML states continues to fall, while the suicide rate in states that never legalized medical marijuana begins to climb gradually."

They reported that this downward trend in suicides in states post-legalization was especially pronounced in males. "Our results suggest that the passage of a medical marijuana law is associated with an almost 5 percent reduction in the total suicide rate, an 11 percent reduction in the suicide rate of 20- through 29-year-old males, and a 9 percent reduction in the suicide rate of 30- through 39-year-old males," they determined.

Authors theorized that the limited legalization of cannabis may "lead to an improvement in the psychological well-being of young adult males, an improvement that is reflected in fewer suicides." They further speculated, "The strong association between alcohol consumption and suicide-related outcomes found by previous researchers raises the possibility that medical marijuana laws reduce the risk of suicide by decreasing alcohol consumption."

They concluded: "Policymakers weighing the pros and cons of legalization should consider the possibility that medical marijuana laws may lead to fewer suicides among young adult males."

Full text of the discussion paper, "High on Life: Medical Marijuana Laws and Suicide," is available online here.

<http://blog.norml.org/2012/02/21/study-passage-of-medical-marijuana-laws-correlated-with-fewer-suicides/>



## YAHOO! NEWS

# Marijuana doesn't harm lung function, study found

**AP** Associated Press By LINDSEY TANNER | Associated Press – Tue, Jan 10, 2012

CHICAGO (AP) — Smoking a joint once a week or a bit more apparently doesn't harm the lungs, suggests a 20-year study that bolsters evidence that marijuana doesn't do the kind of damage tobacco does.

The results, from one of the largest and longest studies on the health effects of marijuana, are hazier for heavy users — those who smoke two or more joints daily for several years. The data suggest that using marijuana that often might cause a decline in lung function, but there weren't enough heavy users among the 5,000 young adults in the study to draw firm conclusions.

Still, the authors recommended "caution and moderation when marijuana use is considered."

Marijuana is an illegal drug under federal law although some states allow its use for medical purposes.

The study by researchers at the University of California, San Francisco, and the University of Alabama at Birmingham was released Tuesday by the Journal of the American Medical Association.

The findings echo results in some smaller studies that showed while marijuana contains some of the same toxic chemicals as tobacco, it does not carry the same risks for lung disease.

It's not clear why that is so, but it's possible that the main active ingredient in marijuana, a chemical known as THC, makes the difference. THC causes the "high" that users feel. It also helps fight inflammation and may counteract the effects of more irritating chemicals in the drug, said Dr. Donald Tashkin, a marijuana researcher and an emeritus professor of medicine at the University of California, Los Angeles. Tashkin was not involved in the new study.

Study co-author Dr. Stefan Kertesz said there are other aspects of marijuana that may help explain the results.

Unlike cigarette smokers, marijuana users tend to breathe in deeply when they inhale a joint, which some researchers think might strengthen lung tissue. But the common lung function tests used in the study require the same kind of deep breathing that marijuana smokers are used to, so their good test results might partly reflect lots of practice, said Kertesz, a drug abuse researcher and preventive medicine specialist at the Alabama university.

The study authors analyzed data from participants in a 20-year federally funded health study in young adults that began in 1985. Their analysis was funded by the National Institute on Drug Abuse.

The study randomly enrolled 5,115 men and women aged 18 through 30 in four cities: Birmingham, Chicago, Oakland, Calif., and Minneapolis. Roughly equal numbers of blacks and whites took part, but no other minorities. Participants were periodically asked about recent marijuana or cigarette use and had several lung function tests during the study.

Overall, about 37 percent reported at least occasional marijuana use, and most users also reported having smoked cigarettes; 17 percent of participants said they'd smoked cigarettes but not marijuana. Those results are similar to national estimates.

On average, cigarette users smoked about 9 cigarettes daily, while average marijuana use was only a joint or two a

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few times a month — typical for U.S. marijuana users, Kertesz said.

The authors calculated the effects of tobacco and marijuana separately, both in people who used only one or the other, and in people who used both. They also considered other factors that could influence lung function, including air pollution in cities studied.

The analyses showed pot didn't appear to harm lung function, but cigarettes did. Cigarette smokers' test scores worsened steadily during the study. Smoking marijuana as often as one joint daily for seven years, or one joint weekly for 20 years was not linked with worse scores. Very few study participants smoked more often than that.

Like cigarette smokers, marijuana users can develop throat irritation and coughs, but the study didn't focus on those. It also didn't examine lung cancer, but other studies haven't found any definitive link between marijuana use and cancer.

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Online:

JAMA: <http://jama.ama-assn.org>

National Institute on Drug Abuse: <http://www.nida.nih.gov>

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## POT MAY BE USED TO TREAT PTSD

(Source:Province)

21 Sep 2011

Israel

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JERUSALEM--Marijuana administered in a timely fashion could block the development of post-traumatic stress disorder ( PTSD ) symptoms in rats, a new study conducted at Haifa University has found.

The study, conducted by researchers at the university's psychology department and published in the Neuropsychopharmacology journal, found that rats that were treated with marijuana within 24 hours of a traumatic experience, successfully avoided any symptoms of PTSD.

"There is a critical 'window of time' after trauma, during which synthetic marijuana can help prevent symptoms similar to PTSD in rats," said Dr. Irit Akirav who led the study.

[Read More]

<http://www.mapinc.org/norml/v11/n587/a06.htm?134>

## Cannabis Is "An Effective Treatment" For Cancer Patients, Israeli Study Concludes

by Paul Armentano, NORML Deputy Director

February 1, 2012

[Editor's note: This post is excerpted from this week's forthcoming NORML weekly media advisory. To have NORML's news alerts and legislative advisories delivered straight to your in-box, sign up [here](#).]

Some two-thirds of Israeli cancer patients authorized to use cannabis report long-term, symptomatic improvement from the plant, according to clinical data presented in late January at a conference of the Israeli Oncologists Union and reported this week in several international media outlets.

Investigators at the Sheba Medical Center in Tel Aviv, in conjunction with the Israeli Cancer Association, assessed the efficacy of cannabis therapy over the course of one year in 264 patients with cancer. Israeli media reported the findings:

"Some 61 percent of the respondents reported a significant improvement in their quality of life as a result of the medical marijuana, while 56 percent noted an improvement in their ability to manage pain. In general, 67 percent were in favor of the treatment, while 65 percent said they would recommend it to other patients."

The study concluded that cannabis is an "effective" treatment for certain symptoms of the disease cancer and recommended, "The treatment should be offered to the patients in earlier stages of cancer."

In the trial, the most common types of cancer for which medical marijuana was authorized was lung cancer (21 percent ), breast cancer (12 percent ) and pancreatic cancer (10 percent ).

The study focused primarily on the use of cannabis to relieve various symptoms of cancer or cancer treatment, such as pain and nausea, but did not evaluate whether marijuana therapy could potentially suppress the proliferation of the disease. In preclinical trials, various cannabinoids – including THC and CBD (cannabidiol) – have been shown to selectively target and eliminate malignant cells and cancerous tumors.

To date, some 6,000 Israelis possess government authorization to use cannabis therapeutically. Patients authorized by the federal program may either cultivate cannabis at home or they may obtain marijuana from one of the nation's 12 licensed cannabis farms.

Last summer, the Israeli Health Ministry formally acknowledged the therapeutic utility of cannabis and announced newly amended guidelines to more effectively govern the state-sponsored production and distribution of medical marijuana. The Ministry estimates that as many as 40,000 patients will eventually have access to medicinal cannabis once the Israeli program is fully implemented.

## Breaking News: Medicinal Cannabis Laws Have No Discernable Adverse Impact On Adolescents' Pot Use

by Paul Armentano, NORML Deputy Director

February 8, 2012

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Full text of the study, "Do Medical Marijuana Laws Increase Marijuana Use? Replication Study and Extension," can be read online [here](#). ORML's literature review of the anti-cancer properties of cannabis and cannabinoids is available [here](#).

YAHOO! NEWS

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## Marijuana doesn't harm lung function, study found

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Still, the authors recommended "caution and moderation when marijuana use is considered."

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The findings echo results in some smaller studies that showed while marijuana contains some of the same toxic chemicals as tobacco, it does not carry the same risks for lung disease.

It's not clear why that is so, but it's possible that the main active ingredient in marijuana, a chemical known as THC, makes the difference. THC causes the "high" that users feel. It also helps fight inflammation and may counteract the effects of more irritating chemicals in the drug, said Dr. Donald Tashkin, a marijuana researcher and an emeritus professor of medicine at the University of California, Los Angeles. Tashkin was not involved in the new study.

Study co-author Dr. Stefan Kertesz said there are other aspects of marijuana that may help explain the results.

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Like cigarette smokers, marijuana users can develop throat irritation and coughs, but the study didn't focus on those. It also didn't

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B.C.

## Marijuana doesn't harm lung function, study found - Yahoo! News

examine lung cancer, but other studies haven't found any definitive link between marijuana use and cancer.

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Online:

JAMA: <http://jama.ama-assn.org>

National Institute on Drug Abuse: <http://www.nida.nih.gov>

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